



National Reined Cow Horse Association

MEDICATION REPORT FORM

A. IDENTIFICATION OF HORSE (PLEASE TYPE, PRINT, OR WRITE CLEARLY)

1. Name and Number:		
2. Age:	3. Sex:	4. Color:
5. Weight:	6. Entry Number:	
7. Trainer's Name:		ID #:
8. Owner's Name:		ID #:

B. IDENTIFICATION OF MEDICATION (PLEASE TYPE, PRINT, OR WRITE CLEARLY)

9. Product Name:	
10. Amount Administered:	Strength:
11. Route of Administration: <input type="checkbox"/> Oral <input type="checkbox"/> Topical	<input type="checkbox"/> Injectable <input type="checkbox"/> Intravenous <input type="checkbox"/> Intramuscular <input type="checkbox"/> Subcutaneous
12. Date of Administration:	
13. Time of Last Administration: <input type="checkbox"/> am <input type="checkbox"/> pm	
14. Diagnosis and Reason for Administration (this must be for a therapeutic purpose only):	
15. Name of AAEP veterinarian prescribing/administering the medication:	
16. Name and signature of person administering the medication:	
Print:	Sign:

C. INSTRUCTIONS TO SHOW MANAGEMENT (PLEASE TYPE, PRINT, OR WRITE CLEARLY)

You should accept this form only after all blanks above have been completed. Incomplete forms must be returned immediately to the owner/trainer for completion. If Lidocaine/Mepivacaine is administered within 24 hours of showing, it must be done under actual observation of show management (or designated representative) and/or the official show veterinarian.

If all blanks above are completed, please indicate the following:

Date Received:	Time Received: <input type="checkbox"/> am <input type="checkbox"/> pm
Name of Show/Event:	
City and State:	
Name and signature of NRCHA Show Management:	
Print:	Sign:
Please write any comments you may have, as well as the name of a witness, as designated by show management, if Lidocaine/Mepivacaine was administered:	

Return this form to: NRCHA
1017 N US Hwy 377
Pilot Point, TX 76233

email: affiliates@nrcha.com
Fax: 940-488-1499